

MDR Tracking Number: M2-03-1126-01
IRO Certification# 5259

June 11, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

This patient has received an inordinate amount of chiropractic care over the last two years and has not significantly improved. He continues to have shoulder pain, low back pain, and pain in the anterior aspect of his left leg. The most recent EMG report found in the record was issued in 2001. The EMG report relates no radiculopathy. There is only one reference to a lumbar MRI report and that reference is in 2001. The report suggested a slightly bulging disc at L5-S1. Since there is no evidence of any recent MRI report, it is suggested that an MRI be performed prior to any discogram, etc. Since the patient has not improved substantially with all his previous treatment, it is unlikely that he will improve via a surgical procedure. Since discography is performed only if surgery is contemplated, an MRI should be performed prior to any decision to perform discography. There is no reference made to degenerative disc findings on MRI, and if the patient does indeed harbor a herniated disc at L5-S1, then this can be diagnosed by MRI and EMG. The patient's complaints are not consistent with a S1 radiculopathy, which would be secondary to a disc herniation at L5-S1.

In summary, a discogram, CT myelogram and CT post discogram are not medically necessary at this time. The patient has expressed similar complaints throughout his care and past MRI and EMG studies showed no evidence of significant disc herniation and concomitant radiculopathy.

If the patient has abnormalities on recent MRI suggesting 'black discs' or HNP, then discography may be helpful in determining the necessity for surgical intervention. As is obvious in this case, discography is controversial, but can be helpful if a patient is felt to be a surgical candidate. In light of the chronic nature of this patient's complaints, it is possible that he may not respond well to surgical intervention.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 30th day of June 2004.